Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Complete if Known				
FEE TRANSMITTAL					Application Number 10/057,323				
					Filing Date				
For FY 2008					First Named Inventor Harry R. Davis				
Applicant claims small entity status. See 37 CFR 1.27					Examiner Name San-Ming Hui				
Applicant claims small chirty status. 800 57 G12 127				Art Uni	Art Unit 1617				
TOTAL AMOUNT OF PAYMENT		(\$) 130.00		Attorne	Attorney Docket 4686		686 - 045531		
METHOD OF PAYMI	ENT (check a	ll that apply)							
Check Cred	lit Card	Money Or	der L No	ne 🔲	Other (please ide	entify):			
Deposit Account	Deposit Acco	unt Number:	23-0650		_ Deposit Account	t Name: _ The `	Webb Law Firm	1	
			t, the Director i	s hereby a	uthorized to: (cl				
Charge	fee(s) indicat	ed below			Charge fee	e(s) indicated b	elow, except for	the filing fee	
under 3	37 CFR 1.16 a	nd 1.17	derpayments of			overpayments			
WARNING: Information on information and authorizatio	this form may l n on PTO-2038.	ecome public.	Credit card inforn	nation should	d not be included o	n this form. Prov	vide credit card		
FEE CALCULATION	N (All the fee	s below are	due upon filing	g or may b	e subject to a	surcharge.)			
1. BASIC FILING, SI	EARCH, AN	D EXAMIN	ATION FEES	ĺ					
FILING FEES SEARCH FEES EXAMINATION FEES									
	Small I				-	Small Entity		To To -1.4 (m)	
Application Type	Fee (\$)	<u>Fee (\$)</u>		Fee (\$)	<u>Fee (\$)</u>	Fee (\$)	<u>F6</u>	ees Paid (\$)	
Utility	310	75	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
2. EXCESS CLAIM								Small Entity	
Fee Description	r EEG						Fee (S		
Each claim over 20 (including Reissues) 50								25	
Each independent clair			es)				210	105	
Multiple dependent cla							370		
• •	20 or HP	Extra Cla	ims Fee	<u>(\$)</u>	Fee Paid (\$)			ole Dependent Claim	
			X	=			Fee ((S) Fee Paid (S	
HP = highest number of	total claims pai	l for, if greater	than 20.						
Indep. Claims - 3	3 or HP	Extra Claims Fee x							
HP = highest number of	independent cla	ims paid for, if							
3. APPLICATION S If the specificatio 37 CFR 1.52(See 35 U.S.C.	n and drawing e)), the applic 41(a)(1)(G)	ation size fee and 37 CFR	e due is \$260 (\$ 1.16(s).	\$130 for sn	nall entity) for e	each additional	1 50 sheets or tra	action thereof.	
Total Sheets	Extra S				itional 50 or fra			Fee Paid (\$)	
- 100)=	/ 50 = .		(round	i up to a whole nu	лиоег) х	K		
4. OTHER FEE(S)								Fees Paid (\$	
Non-English Specification, \$130 fee (no small entity discount)								0100.00	
Other (e.g., late	filing surchar	ge): <u>Termin</u>	al Disclaimer I	² ee				\$130.00	
CYIDA AMERICA DAL							A CONTRACTOR OF THE SECOND CONTRACTOR OF THE S		
SUBMITTED BY				Re	egistration No.		5.1.1	410 471 0015	
Signature	U	1			ttorney/Agent		Telephone	412-471-8815	
Name (Print/Type)	Ann M	Cannoni					Date	July 8, 2008	
